

Comparison of Adult Medicaid Programs - April 1, 2007

Benefit	Traditional Medicaid - usually 18 years or older	Non-Traditional Medicaid - usually 19 years or older	PCN- Fee for Service - 19 years or older
Out of Pocket Maximum	* Pharmacy \$15 per month Inpatient \$220 per year Physician & Outpatient \$100 per year	\$500 per calendar year per person	\$1000 per calendar year per person (up to \$50 enrollment fee not included)
Dental	no co-pay - <i>limited benefits for non-pregnant adults, 21 years old or older</i>	<i>not covered</i>	10% co-pay - limited benefits
Emergency Room	* no co-pay. \$6 co-pay for non-emergency use of the ER.	no co-pay. \$6 co-pay for non-emergency use of the ER.	\$30 co-pay per visit - See PCN Member Guide for limitations
Family Planning	Office visit - no co-pay Pharmacy - no co-pay <i>See current OTC list</i>	Office visit - no co-pay Pharmacy - no co-pay <i>See current OTC list</i> <i>Norplant and patches are not covered</i>	Office visit - \$5 co-pay per visit Pharmacy - refer to pharmacy benefit , <i>See current OTC list</i> <i>Norplant and sterilization not covered</i>
Inpatient Hospital	* \$220 co-pay yearly for non-emergency stays	\$220 co-pay each non-emergency stay	Not a covered service
Lab	no co-pay	no co-pay	Lab - 5% co-pay if Medicaid allowed amount over \$50
Medical Equipment & Supplies	no co-pay	no co-pay	10% co-pay for covered services
Mental Health	no co-pay at prepaid Mental Health Center	no co-pay - limited benefit <i>30 annual inpatient, 30 annual outpatient visits</i>	Not a covered service
Occupational Therapy Physical Therapy Chiropractic	no co-pay no co-pay \$1 co-pay per visit	\$3 co-pay - <i>limited to a combined 10 visits per year</i> \$3 co-pay per visit - <i>limited to 6 visits per year</i>	Not a covered service
Office Visit & Outpatient	* Outpatient - \$3 co-pay per visit Office visit - \$3 co-pay per visit	Outpatient - \$3 co-pay Office visit - \$3 co-pay per visit - <i>no co-pay for preventative care or immunizations</i>	Outpatient - not covered Office visit - \$5 co-pay per visit - <i>Pregnancy related services not covered</i>
Pharmacy	* \$3 co-pay per prescription limited to \$15 monthly <i>Review process for more than 7 prescriptions per month</i> <i>Limited over-the-counter drug coverage</i>	\$3 co-pay per prescription <i>Review process for more than 7 prescriptions per month</i> <i>Limited over-the-counter drug coverage</i>	<i>Limited to 4 prescriptions per month</i> Generic - \$5 co-pay Brand Name - co-pay is 25%
Transportation	no-co-pay	no co-pay - <i>limited to emergency transportation</i>	no co-pay - <i>limited to emergency transportation</i>
Vision Services	no co-pay - <i>only medically necessary eye exams will be covered.</i> <i>Glasses not covered</i>	Annual coverage limited to \$30.00 for a medically necessary eye exam <i>Glasses not covered</i>	\$5.00 co-pay for annual exam <i>Glasses not covered</i>
X-Ray	no co-pay	no co-pay	X-ray - 5% co-pay if Medicaid allowed amount over \$100

* Pregnant women and children are excluded from co-pays. In addition to Traditional Medicaid benefits, these clients will receive dental and vision.

Other insurance or Medicare may effect co-pay and co-insurance

For general Medicaid information and benefits refer to "Exploring Medicaid" booklet or PCN Member Guide. →

*** This chart may change at anytime***

Traditional Medicaid & Non-Traditional Medicaid - For full benefit information please ask your worker or HPR for "Exploring Medicaid" booklet.

PCN - For benefit information please ask your worker for "PCN Member Guide".

What happens after I choose a Health Plan or PCP?

The Health Plan or PCP you chose will be printed on your monthly Medicaid card. You will be contacted by your Health Plan to explain what services they offer and how to use them.

What other things do I need to know?

1. **Always check your Medicaid card** and make sure the information is correct.
2. **Always show your Medicaid card** to your doctor or other health care provider **before** receiving treatment. You will need a referral to see a doctor other than your PCP if a PCP prints on your card or if you have Molina or Molina+.
3. **If you see a doctor or other health care provider who is not part of your Health Plan, you may have to pay the bill yourself.**
4. **Some Medicaid services are not paid by your Health Plan such as dental and pharmacy. You must receive those** services from a Medicaid provider who will bill Medicaid directly.
5. **Use the hospital Emergency Room (ER) only for emergencies. If it is not an emergency you may have to pay the bill yourself.**
6. **Keep all of your medical appointments.** If you need to cancel or reschedule an appointment, call the medical provider as soon as possible. You may be charged for a missed appointment or the provider may refuse to keep you as a patient.
7. **Save your old Medicaid cards for 12 months.** They are proof that you are eligible for Medicaid.
8. For questions about your **eligibility** contact your **eligibility worker**.
9. For lost **Medicaid cards** or if you didn't receive your card contact your **eligibility worker**.

Appeals and Fair Hearing Rights

You may feel a service or bill was denied unfairly. You have the right to question these decisions. You have the right to a Fair Hearing.

For decisions made by your Health Plan:

- Call your Health Plan to talk about the problem. Many times the problem can be taken care of easily.
- If there is still a problem contact your Health Plan to request an Appeal.
- If you still feel your Health Plan is being unfair you can ask for a Fair Hearing with the State by calling 801-538-6155 or 1-800-662-9651.